

# Investigation Report

City of Las Vegas  
Department of Finance & Business Services

**To: Jim DiFiore, Manager**

**From: Jim Rickett, Business Licensing Supervisor**

**CC: Bryan Scott, Chief Deputy City Attorney, Civil Division**

**Date: August 30, 2007**

## **Summary:**

Tranquility Spa, LLC, applied for a license for a cosmetology establishment in March of 2007. Due to a delay in obtaining a state license from the Nevada Board of Cosmetology, the license was not issued until May of 2007. This department almost immediately began receiving complaints that the business was operating as an unlicensed massage establishment. Based on an inspection conducted May 29, 2007, it appeared that the complaints were substantiated. Written warnings were issued to the one member of the LLC who was on the premises, along with a copy of the city massage code. In spite of this, a Metro sting operation on July 10, 2007, resulted in the arrest of an employee for solicitation of prostitution, doing massage without a license, obscene touching of the genitals and obscene exposure. Two members of the LLC who were on the premises at the time were also cited for operating a massage establishment without a license. As of August 29, 2007, the business continues to operate, with a display advertisement in the massage section of the August 23, 2007, edition of CityLife magazine.

## **Business License Information:**

Tranquility Spa, LLC  
2123 Paradise Road, Suite A  
License number B05-03047-3-133862  
Jay Smith, Manager  
Jason Gatley, Manager  
Connie Ferrero Manager  
Date of license application: March 27, 2007  
Original license issued: May 8, 2007

## **Chronology of Events:**

**3/27/07:** Application filed for a day spa (cosmetology establishment, 2 stations). Description states "day spa, cosmetology (heat therapy, body wraps, facials, relaxation 2 stations/no massage or reflexology/no sales." A copy of the application is attached.

**4/19/07:** Denial letter sent because Nevada State Board of Cosmetology showed no license for the business.

**5/4/07:** State Board of Cosmetology advised that shop permit number S10754 had been issued for the establishment.

**5/8/07:** Review completed and city license issued.

**5/10/07:** Telephoned complaint received from neighboring business alleging that Tranquility Spa is offering massage. Per complainant, he called, asked if they did massage and was told that they did; rates were quoted as \$50.00 for a half hour and \$80.00 for a full hour. Stacy Huddleston called Tranquility Spa, spoke to a male who identified himself as an owner and advised him that they are not allowed to offer massage. He denied that they were doing so.

**5/23/07:** Letter received from Corey M. Eschweiler with Snell & Wilmer Law Offices, representing Jim Ernsberger, doing business as Sun City Spa, Inc., relaying a complaint from their client regarding Tranquility Spa offering massage services.

**5/29/07:** Inspection of the business premises was conducted by Jim Rickett and Robert Cone of Business Services, Robert Alicea and William Schoen of Metro SIS and Annie Curtis of the State Board of Cosmetology. The inspection revealed that the establishment had massage tables in four rooms and little or no equipment that would indicate a cosmetology establishment.

Several Asian females were found on the premises, at least one of whom was living in the facility, as well as a man who, after some evasive answers, identified himself as Jay Smith, one if the owner/managers. Smith insisted that they were doing no massage and that all their activities fell within the scope of their cosmetology license. He produced a one-page printed form stating that the "relaxation session" being sold for \$80.00 did not involve massage, even though it did include a "body rub." The form was entitled "Selection of Services," but listed only one item, a "relaxation session." It offered a lengthy description of the session, stating that the session consisted of "pleasant company...intriguing conversation and... the most relaxing body rub ever experienced." It went on to state that the sessions were not performed by massage therapists and that the women performing the session made no claim of massage. It appeared to be an attempt to offer a massage as defined by LVMC 6.52.020 while denying that the service offered was a massage. A copy of the form is attached.

Smith was provided with a copy of LVMC 6.52, and his attention was called to the definition of massage it contains. He was advised that he and the other principals would be cited under that code if any employee was found to be doing massage in the establishment. Smith continued to insist that all the activity would be covered by the cosmetology license. At that point, Annie Curtis, Chief

Inspector for the Nevada Board of Cosmetology, asked if he or anyone else in the facility held a valid cosmetology license. It developed that the only person connected with the business who did hold such a license was Connie Ferrero, another owner/manager. According to Smith, she was then out of town. Chief Inspector Curtis informed him that the establishment was to close until Connie Ferrero returned. She issued a notice of violation to Smith and informed him that the three employees currently there needed to leave and not return until they had obtained their own cosmetology licenses. She also informed Smith that the exception for massage contained in the Board of Cosmetology regulations applied only to rubbing or massage required in the application of skin or scalp treatments and did not extend to "relaxation therapy" as he described it, nor to any activity not directly related to the cosmetology treatment being done. A copy of the notice is attached.

During the course of the inspection, Tony Guarino and Lori Hageman from Code Enforcement arrived. They issued Smith another notice of violation for allowing an employee to live in the establishment and cautioned him regarding making tenant improvements without a licensed contractor.

**July 10, 2007:** Metro Vice and Metro Special Investigations did an undercover operation that resulted in the arrest of one employee, Min Om, for soliciting for purposes of prostitution, obscene touching of the genitals, obscene exposure of the genitals and performing massage without a license. Two principals of the business, Jason Gatley and Connie Ferrero, were on the premises at the time. Gatley left the building and entered his vehicle in an apparent attempt to flee, but was apprehended by Metro officers and brought back. Both he and Ferrero were cited for operating a massage establishment without a license. Their arraignment is set for September 11, 2007. Min Om is set for arraignment on her charges on November 11, 2007.

It was determined at the time that Min Om did not hold a license from the Nevada State Board of Cosmetology. Connie Ferrero informed the Metro officers that Om was studying to obtain a cosmetology license. As of August 17, 2007, the Nevada State Board of Cosmetology has no record of Min Om applying for or obtaining a cosmetology license.

**8/29/07:** The location was inspected by Lon Grasmick, Mike Flynn and myself at approximately 2:00 p.m. The only person in the establishment at the time was Connie Ferrero. Ferrero maintained that she is doing facials, body wraps and paraffin treatments of the hands and feet. When asked if she had any employees, she said that she does not, although she is trying to hire another cosmetologist.

I noted what appeared to be an offering of an open can of beer and a small bag of rice on the floor in the corner behind the main entrance door. There was also a statuette of Ho Tai, the Chinese god of good luck, with incense sticks and a

small amount of money clipped to his belt, on a pedestal in the northwest corner of the lobby. Both these items are staple fixtures in massage establishments employing Asian women. This would lead me to believe that Asian women, probably ethnic Chinese, are still employed in the establishment.

During the inspection I noted several copies of the June, 2007, Trip Sheet Magazine, a local magazine catering to cab and limousine drivers. When I mentioned that I had been looking for one, Ferraro invited me to take one. Page 10 of the magazine contains a quarter-page color display advertisement for Tranquility Spa, advertising the establishment as "Driver Friendly, \$25 paid to drivers per client 1 hr, 11 am-3am." The ad also specifies "Hand & Foot Massage." A copy is attached.

There are also several framed signs posted on the wall of the lobby. One in particular was entitled "House Rules." It appears to be a statement that Tranquility Spa does not permit sexual conduct on the premises and is not responsible or liable if it should occur. A photograph is attached.

Following the inspection I found a copy of the August 23, 2007, edition of CityLife. Tranquility Spa has a display advertisement in the massage section of the classified advertisements in that publication as well. A copy of the page is attached.

### **Recommendations:**

Based on the foregoing information, it appears that this business establishment has from the outset operated as an unlicensed massage establishment and possibly as a front for prostitution.

Chapter 6.02.090 states, in part: "The Director may...refuse to renew a license if...the licensee or any of its principals is engaged, or has commenced, instituted, advertised, aided, carried on, continued or engaged, in a business, trade or profession without having obtained a valid license, an approval for suitability, a permit or a work card when such a person knew that one was required or under such circumstances that they reasonably should have known one was required, or has solicited, encouraged, caused or procured another to do so;... or the premises on which the business is conducted do not satisfy local, state or federal laws or regulations which pertain to the activity which is actually engaged in;"

The continuing advertisements and the continuing conduct of the principals would lead a reasonable person to conclude that they intend to operate as massage establishment so long as the business remains open. Given that a massage establishment would require a different license, approval of suitability for all principals and a special use permit, there would appear to be ample grounds for non-renewal of the existing business license.

**Attachments:**

Copy of license application  
Copy of letter complaining of massage activity  
Copy of Selection of Services form  
Copy of Nevada State Board of Cosmetology Report of Establishment  
Copy of Metro report regarding arrest and citations on July 10, 2007  
Copy of Trip Sheet Magazine advertisement  
Photographs of House Rules sign  
Copy of CityLife advertisement  
Photographs of exterior display advertising at 2123 Paradise



# Las Vegas Business License Application

400 Stewart Ave., 3rd Floor, Las Vegas, NV 89101

(702) 229-6281 (Voice) - (702) 386-9108 (TDD)

Please type or print. Incomplete or illegible applications will not be accepted. Application must bear an original signature.

This form is a public document.

For Departmental use only

B05-03047-3-133862

1	<input checked="" type="checkbox"/> New Business	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Change of Location	<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change of Corp. Officer	<input type="checkbox"/> Other _____
2	Type of Entity:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	
3	Corporate or Entity Name: TRANQUILITY SPA LLC				4	Corporate Phone: 702-236-3130
5	Resident Agent Address: 5829 Ponderosa Verde PL Las Vegas NV 89131				6	EIN #: 20-8581821
6	Business Name (d/b/a): TRANQUILITY SPA				7	Business Phone:
8	Business Street Address: 2123-A PARADISE Rd Las Vegas NV 89109 + 2125 (suite)		9 Business Mailing Address: 5829 Ponderosa Verde PL Las Vegas NV 89131		10	Business Fax:
					11	Cellular Phone:
					12	E-mail Address:
13	Owner/Principal: (attach additional pages if required)				Website (URL):	
Name: (last, first) Smith JAY		Home Address: 5829 Ponderosa Verde PL		Date of Birth: 10-16-70		
Title: MANAGER		Percent Owned: 33.3		City, State & Zip Code: Las Vegas NV 89131		
Home Phone: 631 5440						
Name: (last, first) GATLEY JASON		Home Address: 1829 versante Ave		Date of Birth: 10-14-69		
Title: MANAGER		Percent Owned: 33.3		City, State & Zip Code: Las Vegas NV 89183		
Home Phone: 617-6726						
Name: (last, first) Ferrero CONNIE		Home Address: 1851 Hillpoint Rd		Date of Birth: 3-30-68		
Title: MANAGER		Percent Owned: 33.3		City, State & Zip Code: Las Vegas NV 89074		
Home Phone: 749-1375						
14 PLEASE CHECK ALL THAT APPLY						
<input type="checkbox"/> Automotive <input type="checkbox"/> Alcohol sales <input type="checkbox"/> Auto title loans <input type="checkbox"/> Sexually-oriented materials or activities <input type="checkbox"/> Alcohol/drug treatment						
<input type="checkbox"/> Transportation <input type="checkbox"/> Gaming <input type="checkbox"/> Check Cashing <input type="checkbox"/> Entertainment <input type="checkbox"/> Alcohol/drug consulting/counseling						
<input type="checkbox"/> Delivery <input type="checkbox"/> Tobacco sales <input type="checkbox"/> Installment loans <input type="checkbox"/> Amusement machines <input type="checkbox"/> Adult residential facility						
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Used merchandise <input type="checkbox"/> Temp workers <input type="checkbox"/> Retail sales <input type="checkbox"/> Childcare						
<input type="checkbox"/> Open air vending <input type="checkbox"/> Dance <input type="checkbox"/> Telephone solicitation <input type="checkbox"/> Food sales <input type="checkbox"/> Home occupation						
15 Describe your business activity in detail: Day Spa, Cosmotology (HEAT THERAPY), Body WRAPS, FACIALS, RELAXATION (2) STATIONS NO MASSAGE OR REFLEXOLOGY NO SALES						
16 If this is an application for a change of business name, business location or business ownership, list the previous name, address or owners below:						
17 I certify that the information provided in this form is true, correct and complete to the best of my knowledge and belief.						
Original Signature: 		Print Name: JAY Smith		Date: 3-27-07		
Original Signature:		Print Name:		Date:		

# Home Occupation Permit Application

Applicant must initial all conditions below and sign the application. If the applicant is not the property owner, the property owner must sign the application where indicated or otherwise give written permission for this use of the property. The Planning Director must be satisfied that the proposed home occupation will comply with the following standards.

- |   |   |
|---|---|
| <p>1. Only the occupants of the dwelling unit shall be engaged in the business activity approved for the Home Occupation Permit.</p> <p>2. No employees shall report to work or be dispatched from the property.</p> <p>3. There shall be no transacting of business or offers to transact business with customers or clients who have come to the property.</p> <p>4. There shall be no signage or other advertising of any kind, whether on the property or elsewhere, which advertises the address or physical location of the property or identifies the existence of a Home Occupation on the property. A home telephone number or a post office box may be advertised by any medium other than on-site language.</p> <p>5. No motor vehicle repair, paint or body work, commercial preparation of food for service on the premises, business related to or involving explosives, ammunitions or weapons, beauty parlor or barber shop, or ambulance or related emergency services shall be permitted as Home Occupation.</p> <p>6. A Home Occupation shall not create pedestrian, automobile or truck traffic in excess of the normal amount associated with residential uses in the district.</p> <p>7. A Home Occupation business shall be conducted exclusively within the main dwelling or within an accessory structure which has been approved for the Home Occupation Permit, except for horticultural activities.</p> <p>8. The number of on-site parking spaces shall not be reduced to less than two.</p> | <p>9. No Home Occupation business shall create or cause noise, dust, light, vibration, gas, fumes, toxic or hazardous materials, smoke, glare, electrical interference or other hazards or nuisances either on or off the premises.</p> <p>10. There shall be no electrical or mechanical equipment which is not normally found in a residential structure and no equipment found on the premises shall cause a change in the fire safety or occupancy classification of the dwelling unit.</p> <p>11. There shall be no outdoor storage or use of any toxic chemicals or hazardous materials of any type or in any amount not normally found in a residential structure.</p> <p>12. No more than one vehicle with a maximum capacity of one ton shall be used in connection with a Home Occupation Permit.</p> |
|---|---|
- Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

BSR: *[Signature]* Date: *3/27/07*

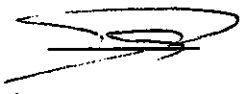
NV State License: <u><i>169078</i></u> NV State Sales Tax Permit #: <u><i>Applied</i></u>		Clark Co. Health Permit # / Card Expiration: _____		Anticipated Opening: _____	
Coin-Op Machines on Premises: <u><i>None</i></u>				# of Massage Rooms: _____	
Pool Tables	Jukebox	Darts	Pinball	Other (Specify): _____	
SUP #: _____	SUP #: _____	CC Date: _____	PC Date: _____	Bond: _____	IWS: _____
Comments: _____		NLV License # _____	HN License # _____	CC License # _____	Monition Use _____
<div style="font-size: 2em; font-weight: bold; margin-top: 10px;">NEW</div>					
Metro SCOPE _____		Henderson SCOPE _____		NLV SCOPE _____	
Police Letter _____					
TNF: <u><i>169078</i></u>	Date: <u><i>3/27/07</i></u>	Amount: <u><i>\$30</i></u> ✓	Paid to: <u><i>proc fee</i></u>		
TNF: _____	Date: _____	Amount: <u><i>\$55</i></u> ✓	Paid to: <u><i>lic fee</i></u>		
TNF: _____	Date: _____	Amount: _____	Paid to: _____		
TNF: _____	Date: _____	Amount: _____	Paid to: _____		
TNF: _____	Date: _____	Amount: _____	Paid to: _____		
Approvals: 1 <sup>st</sup> Temporary _____ 2 <sup>nd</sup> Temporary _____ 3 <sup>rd</sup> Temporary _____			Final: _____		
Planning: _____			<div style="font-size: 1.5em; font-weight: bold;">NEW C-1 Order 4/12/07</div> <div style="font-size: 1.5em; font-weight: bold;">NEW Down 4/13/07</div> <div style="font-size: 1.5em; font-weight: bold;">C. Chaudhry 5/18/07</div>		
Fire: _____					
License: _____					

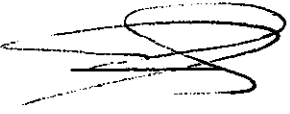
# City of Las Vegas Acknowledgement Addendum

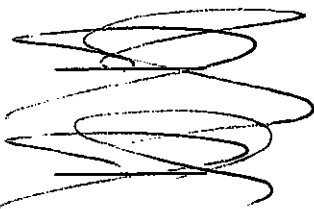
Please read and then initial each line item below.

Business license applications will not be processed without this addendum.

Please retain a copy for your records.

 **Responsibility of Licensee** – It is the licensee's responsibility to notify this department of any changes that may occur to the business. Most changes require an application to be completed and a processing fee to be remitted at the time the application is submitted.

 **Home Occupation Permits** are only approved for the home location on the application. The Home Occupation Permit does not move to another residence. If you move to another residence, you must apply for a new Home Occupation Permit for the new location.

 **If you close your business**, you must complete the statement below and remit to City of Las Vegas, 400 Stewart Avenue 3<sup>rd</sup> Floor, Las Vegas Nevada 89101

**Fees outstanding** on an existing business license must be paid prior to making any changes to the business license. If you are taking over the business license, these fees must be brought current. Should your business be under audit you may have additional liabilities when you take over operation of this business.

  
Signature

3-27-07  
Date

JAY Smith  
Print Name

TRANQUILITY SPA  
Name of Business

MANAGER  
Title/Relationship to Business

\_\_\_\_\_  
City of Las Vegas License Number  
(If known)

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\*\*\*\*\*COMPLETE ONLY IF BUSINESS IS CLOSING\*\*\*\*\*

I am closing my business (Name of Business) \_\_\_\_\_

As of this date \_\_\_\_\_ License Number \_\_\_\_\_

Business Address \_\_\_\_\_

Signature of Business Owner \_\_\_\_\_

Printed name of Business Owner \_\_\_\_\_



# NEVADA BUSINESS REGISTRATION

Important details are included in the instructions. Please type or print in black ink. Each agency may request additional information depending on your type of business. Completing this form does not relieve you of any statutory or regulatory requirements relating to your business.

1 I Am Applying For:	<input checked="" type="checkbox"/> Unemployment Insurance (Employment Security Division - ESD)	<input type="checkbox"/> State Business License, Sales/Use Tax Permit, Modified Business Tax (Department of Taxation)	<input type="checkbox"/> Local Business License	<b>SEND A COPY TO EACH AGENCY</b>
2 <input checked="" type="checkbox"/> New Business	<input type="checkbox"/> Change in Ownership/ Business Entity	<input type="checkbox"/> Change in Location	<input type="checkbox"/> Change in Name	<input type="checkbox"/> Change in Corporate Officers
3 Business Entity Type:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> S Corp.	<input type="checkbox"/> Publicly Traded Corp.	<input type="checkbox"/> Privately Held Corp.
	<input type="checkbox"/> Association	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company
	<input type="checkbox"/> Government Entity	<input type="checkbox"/> Other		
4 Corporate/Entity Name: <b>TRANQUILITY SPA LLC</b>			Corporate/Entity Telephone: <b>(702) 236 3130</b>	Federal Tax Identification Number: <b>20-8581821</b>
6 Corporate/Entity Address: <b>2125 PARADISE RD</b>			City, State, and Zip Code +4: <b>Las Vegas NV 89109</b>	
7 Nevada Name (DBA): <b>TRANQUILITY SPA</b>			Business Telephone: <b>(702) 236-3130</b>	Fax: <b>( )</b>
8 E-mail Address: <b>JAYDESIGNS@COX.NET</b>			Website Address:	
9 Mailing Address: <b>5829 Ponderosa Verde PL LAS VEGAS NV 89131</b>				
10 Location(s) of Nevada Business Operations: <b>2125 PARADISE RD LAS VEGAS NV 89109</b>				
11 Location of Business Records: <b>5829 Ponderosa Verde PL LAS VEGAS NV 89131</b>				
12 List All Owners, Partners, Corporate Officers, Managers, Members, etc. (If individual ownership, list only one owner.) Attach Additional Sheets if Needed.				
Last, First, MI: <b>SMITH JAY A</b>		Residence Address (Street): <b>5829 Ponderosa Verde PL</b>		SSN: <b>573-45-8967</b>
Title: <b>MANAGER</b>		City, State, Zip +4: <b>LAS VEGAS NV 89131</b>		Date of Birth: <b>10-16-70</b>
Percent Owned: <b>33.3</b>		Residence Telephone: <b>631-5440</b>		
Last, First, MI: <b>JASON GATLEY</b>		Residence Address (Street):		SSN:
Title: <b>MANAGER</b>		City, State, Zip +4: <b>LAS VEGAS</b>		Date of Birth:
Percent Owned: <b>33.3</b>		Residence Telephone:		
Last, First, MI: <b>CONNIE FERRERO</b>		Residence Address (Street):		SSN:
Title: <b>MANAGER</b>		City, State, Zip +4: <b>LAS VEGAS</b>		Date of Birth:
Percent Owned: <b>33.3</b>		Residence Telephone:		
Responsible Local Contact (Last, First, MI & Title):		Residence Address (Street), City, State, Zip +4:		SSN:
				Residence Telephone:
13 Date Business Started in Nevada: <b>5-3-07</b>				
Date Business Location Opened				
Date First Worker Hired in Nevada				
Date of First Nevada Payroll				
Amount of First Nevada Payroll				
Number of Employees				
14 PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS				
<input checked="" type="checkbox"/> Mining	<input type="checkbox"/> Domestic	<input type="checkbox"/> Outside Dining	<input type="checkbox"/> Water Appropriation	<input type="checkbox"/> Adult Materials/Activity
<input type="checkbox"/> Service	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Leased or Leasing Employees
<input type="checkbox"/> Tobacco	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail Sales—New	<input type="checkbox"/> Construction/Erection	<input type="checkbox"/> Leasing (Other than Employees)
<input type="checkbox"/> Delivery	<input type="checkbox"/> Transportation	<input type="checkbox"/> Retail Sales—Used	<input type="checkbox"/> Telephone Solicitation	<input type="checkbox"/> Supply/Use Temporary Workers
<input type="checkbox"/> Wholesale	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Live Entertainment	<input type="checkbox"/> Environmental Discharge	<input type="checkbox"/> Regulated by Federal/State Permit Number
<input type="checkbox"/> Amusement Machines	<input type="checkbox"/> Resident Agent	<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Mortgage Brokers	<input type="checkbox"/> Banker
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Gaming	<input type="checkbox"/> Health Services	<input type="checkbox"/> Other	
15 Describe in Detail the Nature of Your Business in Nevada. Include Product Sold, Labor Performed and/or Services Rendered. State the approximate percentage of sales or revenues resulting from each item. Example: Retail sale of major appliances to public 60%; repair 40%. <b>Cosmotology SPA + Salon, Body Wraps, Heat Therapy, Facials</b> <b>NO product sells</b> <b>E014957dc076</b> <b>checked this</b> <b>Packer</b>				
16 If You Have Acquired A Nevada Business, Changed Ownership/Business Entity, or Have a New Federal Tax Number, Complete This Section:				
Date Acquired/Changed:		Acquired/Changed by:		Portion Acquired/Changed:
		<input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Other		<input type="checkbox"/> In Whole <input type="checkbox"/> In Part
Name(s) of Previous Owner(s):		Previous Owner(s) Business Name: <b>MAN 27 INC</b>		
Address (Street):		City:		State: Zip Code +4:
Enter Your Previous Nevada Sales/Use Tax Permit Number, if applicable:		Enter Previous Owner(s) ESD Account Number:		
17 I CERTIFY THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. **Signatures must be original and that of a responsible party. If a general partnership or joint venture, more than one signature is required. Legal signatures include: sole proprietor-owner, corporate officer, and managing member.				
**Signature Responsible Party / Original		Print Name And Title: <b>JAY SMITH (MANAGER)</b>		Date: <b>3-27-07</b>
**Signature Responsible Party / Original		Print Name And Title:		Date:

ORIGINAL SIGNATURES REQUIRED BY AGENCIES—KEEP COPY FOR YOUR RECORDS

APP-01.00 Rev 02-17-05

Main Office:  
STATE OF NEVADA  
BOARD OF COSMETOLOGY  
1785 E. Sahara Avenue, Suite 255  
Las Vegas, Nevada 89104  
(702) 486-6543

Branch Office:  
STATE OF NEVADA  
BOARD OF COSMETOLOGY  
4600 Kietzke Lane, Building I, Suite 200  
Reno, Nevada 89502  
(775) 688-1442

## REPORT OF ESTABLISHMENT

Establishment: TRANQUILITY SPA Date: 5-29-07  
Address: 2123 PARADISE AVE SKINRM-4 City: LVN  
Owner: TRANQUILITY SPA, LLC  
Cosmetologist in Charge: NP CONNIE SO FERRARO P.N. No. 16003  
Establishment No. S- 10754 Posted: Yes ☐ No ☐ Year: 07/09 Services:

Condition of:	P.N. No.	Name	Violation
1. Floors <u>S</u>	<u>NP 16003</u>	<u>CONNIE SO TO</u>	<u>03/07</u>
2. Walls <u>S</u>		<u>SAME NAME CONNIE SO FERRARO</u>	
3. Ceiling <u>S</u>			
4. Furniture <u>S</u>			
5. Shampoo bowls/hair in drains <u>N/A</u>			
6. Rollabouts/trays <u>N/A</u>			
7. Manicure tables/work stations <u>N/A</u>			
8. Instruments <u>S</u>			
9. Brushes/combs <u>N/A</u>			
10. Restrooms <u>REPAIR WATER IN 1ST RESTROOM</u>			
11. Dispensary sink installed <u>S</u>			
12. Disinfectant/sterilizer <u>Y/N</u>			
13. Make-up counter/nail counter <u>REPAIR WATER IN 1ST RESTROOM</u>			
14. Ventilation <u>Y/N</u>			
15. Towels/linen trays <u>Y/N</u>			
16. Closed cabinets for clean towels <u>Y/N</u>			
17. Sealed towel/linen receptacle <u>Y/N</u>			
18. Fire retardant container(s) <u>Y/N</u>			
19. Closed waste receptacle(s) <u>Y/N</u>			
20. Seizable containers for disposable <u>NA Sharp: Y/N</u>			
21. Disposable cups <u>Y/N</u>			
22. Containers labeled <u>Y/N</u>			
23. License current <u>Y/N</u>			
24. Personnel licenses properly posted <u>Y/N</u>			
25. Rules/inspection sheet posted <u>Y/N</u>			

Remarks: ADS FOR FOOT + HAND + SOLO, BODY WRAPS CAN NOT  
BE DONE IN THE SALON. MUST NOT USE A STRESS RELIEF CHAIR  
IN THE SALON. MUST CEASE + DESIST ANY DEEP MASSAGE +  
THE SCOPE OF PRACTICE IS DETAILED IN NRS 644.0205  
AND IT WAS EXPLAINED TO THE MANAGER JAY SMITH.  
SALON APPEARS TO BE A LIVING QUARTERS WITH FULL  
REFRIGERATOR + BED, WITH A FULL CLOTHES CABINET 8 FT. - SALON  
MUST NOT BE OPENED IF NO LICENSEE ARE PRESENT.  
NRS 644.0205 + NRS 644.430.2 B.B.C.M.

Signature of Owner or Representative in Charge  
JAY SMITH SIGNATURE

Signature of Inspector  
Donna Curtis

fax #  
264-5754  
Jim Ricket

**Snell & Wilmer**  
L.L.P.  
LAW OFFICES

3883 Howard Hughes Parkway  
Suite 1100  
Las Vegas, NV 89169  
702.784.5200  
702.784.5252 (Fax)  
www.swlaw.com

Corey M. Eschweiler  
702.784.5205  
ceschweiler@swlaw.com

May 23, 2007

DENVER

LAS VEGAS

ORANGE COUNTY

PHOENIX

SALT LAKE CITY

TUCSON

**VIA FACSIMILE AND MAIL**

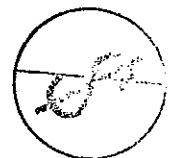
Stacy Huddleston, License Technician  
Department of Finance and Business License  
City of Las Vegas  
400 Stewart Avenue  
Las Vegas, NV 89101

**Re: Tranquility Spa, 2125 Paradise Road, Las Vegas, Nevada 89104**

Dear Stacy:

Please be advised that we have been retained to represent the interests of Jim Ernsberger and Sun City Spa, Inc. with regard to the improper issuance of a massage license.

It has come to our attention that Tranquility Spa, located at 2125 Paradise Road, Las Vegas, Nevada 89104, is offering massage services. This includes half hour, hour and table shower massages. In fact, a simple inspection of the premises reveals the promotion of these services. This violates municipal code. Specifically, 19.04.010 provides that there shall be no other massage establishment licensed within 1000 feet of a prior licensed massage establishment. As you are aware, Sun City Spa, Inc. is located at 2033 Paradise Road, Las Vegas, Nevada 89104. This is within 1000 feet of Tranquility Spa. In fact, Tranquility Spa is next door. Sun City Spa, Inc. was licensed in 2002. The ordinance was enacted to protect spas such as Sun City Spa, Inc. We request an immediate inspection of the premises in order to determine Tranquility Spa's compliance with this ordinance. We appreciate your anticipated cooperation.

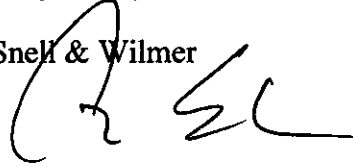


May 23, 2007  
Page 2

If you have any further questions, please feel free to contact me.

Very truly yours,

Snell & Wilmer

A handwritten signature in black ink, appearing to read 'C. Eschweiler', written over the firm name.

Corey M. Eschweiler, Esq.

CME:kep

cc: Jim Ernsberger

141971



# Las Vegas Business License Application

400 Stewart Ave., 3rd Floor, Las Vegas, NV 89101

(702) 229-6281 (Voice) - (702) 386-9108 (TDD)

Please type or print. Incomplete or illegible applications will not be accepted. Application must bear an original signature.

This form is a public document.

For Departmental use only

B05-03047-3-133862

1	<input checked="" type="checkbox"/> New Business	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Change of Location	<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change of Corp. Officer	<input type="checkbox"/> Other _____
2	Type of Entity:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	
3	Corporate or Entity Name:				4	Corporate Phone:
TRANQUILITY SPA LLC				702-236-3130		
5	Resident Agent Address:				6	EIN #:
5829 Ponderosa Verde PL Las Vegas NV 89131				20-8581821		
6	Business Name (d/b/a):				7	Business Phone:
TRANQUILITY SPA						
8	Business Street Address:		9	Business Mailing Address:		
2123-A PARADISE Rd		5829 Ponderosa Verde PL		10		Business Fax:
Las Vegas NV 89109		Las Vegas NV 89131		11		Cellular Phone:
+2125 (suite)				12		E-mail Address:
13 Owner/Principal: (attach additional pages if required)						Website (URL):
Name: (last, first)		Home Address:		Date of Birth:		
SMITH JAY		5829 Ponderosa Verde PL		10-16-70		
Title:		Percent Owned:		Home Phone:		
MANAGER		33.3		631 5440		
Name: (last, first)		Home Address:		Date of Birth:		
GATLEY JASON		1829 versante Ave		10-14-69		
Title:		Percent Owned:		Home Phone:		
MANAGER		33.3		617-6726		
Name: (last, first)		Home Address:		Date of Birth:		
FERRERO COJUE		1851 Hillpoint Rd		3-30-68		
Title:		Percent Owned:		Home Phone:		
MANAGER		33.3		749-1375		
14 PLEASE CHECK ALL THAT APPLY						
<input type="checkbox"/> Automotive <input type="checkbox"/> Alcohol sales <input type="checkbox"/> Auto title loans <input type="checkbox"/> Sexually-oriented materials or activities <input type="checkbox"/> Alcohol/drug treatment						
<input type="checkbox"/> Transportation <input type="checkbox"/> Gaming <input type="checkbox"/> Check Cashing <input type="checkbox"/> Entertainment <input type="checkbox"/> Alcohol/drug consulting/counseling						
<input type="checkbox"/> Delivery <input type="checkbox"/> Tobacco sales <input type="checkbox"/> Installment loans <input type="checkbox"/> Amusement machines <input type="checkbox"/> Adult residential facility						
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Used merchandise <input type="checkbox"/> Temp workers <input type="checkbox"/> Retail sales <input type="checkbox"/> Childcare						
<input type="checkbox"/> Open air vending <input type="checkbox"/> Dance <input type="checkbox"/> Telephone solicitation <input type="checkbox"/> Food sales <input type="checkbox"/> Home occupation						
15 Describe your business activity in detail:						
Day Spa, Cosmology (HEAT THERAPY),						
Body WRAPS, FACIALS, RELAXATION						
(2) STATIONS						
NO MASSAGE OR REFLEXOLOGY						
NO SALES						
16 If this is an application for a change of business name, business location or business ownership, list the previous name, address or owners below:						
17 I certify that the information provided in this form is true, correct and complete to the best of my knowledge and belief.						
Original Signature:		Print Name:		Date:		
		JAY SMITH		3-27-07		
Original Signature:		Print Name:		Date:		

# Home Occupation Permit Application

Applicant must initial all conditions below and sign the application. If the applicant is not the property owner, the property owner must sign the application where indicated or otherwise give written permission for this use of the property. The Planning Director must be satisfied that the proposed home occupation will comply with the following standards.

1. Only the occupants of the dwelling unit shall be engaged in the business activity approved for the Home Occupation Permit.
2. No employees shall report to work or be dispatched from the property.
3. There shall be no transacting of business or offers to transact business with customers or clients who have come to the property.
4. There shall be no signage or other advertising of any kind, whether on the property or elsewhere, which advertises the address or physical location of the property or identifies the existence of a Home Occupation on the property. A home telephone number or a post office box may be advertised by any medium other than on-site language.
5. No motor vehicle repair, paint or body work, commercial preparation of food for service on the premises, business related to or involving explosives, ammunitions or weapons, beauty parlor or barber shop, or ambulance or related emergency services shall be permitted as Home Occupation.
6. A Home Occupation shall not create pedestrian, automobile or truck traffic in excess of the normal amount associated with residential uses in the district.
7. A Home Occupation business shall be conducted exclusively within the main dwelling or within an accessory structure which has been approved for the Home Occupation Permit, except for horticultural activities.
8. The number of on-site parking spaces shall not be reduced to less than two.

9. No Home Occupation business shall create or cause noise, dust, light, vibration, gas, fumes, toxic or hazardous materials, smoke, glare, electrical interference or other hazards or nuisances either on or off the premises.
10. There shall be no electrical or mechanical equipment which is not normally found in a residential structure and no equipment found on the premises shall cause a change in the fire safety or occupancy classification of the dwelling unit.
11. There shall be no outdoor storage or use of any toxic chemicals or hazardous materials of any type or in any amount not normally found in a residential structure.
12. No more than one vehicle with a maximum capacity of one ton shall be used in connection with a Home Occupation Permit.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

BSR: Paul C. Deen Date 3/27/07

NV State License: verified by Susan R. [signature] NV State Sales Tax Permit #: applied Clark Co. Health Permit # / Card Expiration: \_\_\_\_\_ Anticipated Opening: \_\_\_\_\_

Coin-Op Machines on Premises: board # of Massage Rooms: \_\_\_\_\_

Pool Tables	Jukebox	Darts	Pinball	Other (Specify):	NWS:	Translator Required:
SUP #:	SUP #:	CC Date:	PC Date:	Bond:		Yes No

Comments:	NLV License #	HN License #	CC License #	Monition	Use
-----------	---------------	--------------	--------------	----------	-----

NEW

Metro SCOPE \_\_\_\_\_ Henderson SCOPE \_\_\_\_\_ NLV SCOPE \_\_\_\_\_ Police Letter \_\_\_\_\_

TNS: <u>169078</u>	Date: <u>3/27/07</u>	Amount: <u>\$30</u> ✓	Paid to: <u>proc fee</u>
TNS:	Date:	Amount: <u>\$55</u> ✓	Paid to: <u>lic fee</u>
TNS:	Date:	Amount:	Paid to:
TNS:	Date:	Amount:	Paid to:
TNS:	Date:	Amount:	Paid to:

Approvals: 1<sup>st</sup> Temporary \_\_\_\_\_ 2<sup>nd</sup> Temporary \_\_\_\_\_ 3<sup>rd</sup> Temporary \_\_\_\_\_ Final: \_\_\_\_\_

Planning: \_\_\_\_\_ NEW C-1 under 4/12/07

Fire: \_\_\_\_\_ NEW DOW 4/3/07

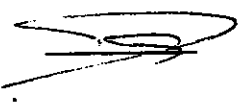
License: \_\_\_\_\_ C. Chaudhry 5/18/07

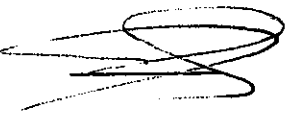
# City of Las Vegas Acknowledgement Addendum

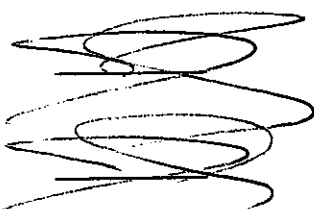
Please read and then initial each line item below.

Business license applications will not be processed without this addendum.

Please retain a copy for your records.

 **Responsibility of Licensee** – It is the licensee's responsibility to notify this department of any changes that may occur to the business. Most changes require an application to be completed and a processing fee to be remitted at the time the application is submitted.

 **Home Occupation Permits** are only approved for the home location on the application. The Home Occupation Permit does not move to another residence. If you move to another residence, you must apply for a new Home Occupation Permit for the new location.

 **If you close your business**, you must complete the statement below and remit to City of Las Vegas, 400 Stewart Avenue 3<sup>rd</sup> Floor, Las Vegas Nevada 89101

**Fees outstanding** on an existing business license must be paid prior to making any changes to the business license. If you are taking over the business license, these fees must be brought current. Should your business be under audit you may have additional liabilities when you take over operation of this business.

  
Signature

Print Name

JAY Smith

Date

3-27-07

Name of Business

TRANQUILITY SPA

Title/Relationship to Business

MANAGER

City of Las Vegas License Number  
(If known)

-----  
\*\*\*\*\*COMPLETE ONLY IF BUSINESS IS CLOSING\*\*\*\*\*

I am closing my business (Name of Business) \_\_\_\_\_

As of this date \_\_\_\_\_ License Number \_\_\_\_\_

Business Address \_\_\_\_\_

Signature of Business Owner \_\_\_\_\_

Printed name of Business Owner \_\_\_\_\_

# NEVADA BUSINESS REGISTRATION

Important details are included in the instructions. Please type or print in black ink. Each agency may request additional information depending on your type of business. Completing this form does not relieve you of any statutory or regulatory requirements relating to your business.

1	I Am Applying For:	<input type="checkbox"/> Unemployment Insurance (Employment Security Division - ESD)	<input type="checkbox"/> State Business License, Sales/Use Tax Permit, Modified Business Tax (Department of Taxation)	<input type="checkbox"/> Local Business License	<b>SEND A COPY TO EACH AGENCY</b>
2	<input checked="" type="checkbox"/> New Business <input type="checkbox"/> Change in Ownership/Business Entity <input type="checkbox"/> Change in Location <input type="checkbox"/> Change in Name <input type="checkbox"/> Change in Corporate Officers <input type="checkbox"/> Change in Mailing Address <input type="checkbox"/> Other				
3	Business Entity Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S Corp. <input type="checkbox"/> Publicly Traded Corp. <input type="checkbox"/> Privately Held Corp. <input type="checkbox"/> Association <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government Entity <input type="checkbox"/> Other				
4	Corporate/Entity Name:		Corporate/Entity Telephone		Federal Tax Identification Number
	TRANQUILITY SPA LLC		(702) 236 3130		20-8581821
6	Corporate/Entity Address:		City, State, and Zip Code +4		State of Incorporation or Formation
	2125 Paradise Rd		Las Vegas NV 89109		NEVADA
7	Nevada Name (DBA):		Business Telephone	Fax	
	TRANQUILITY SPA		(702) 236-3130		
8	E-mail Address:		Website Address:		
	JAYDESIGNS@COX.NET				
9	Mailing Address:		City, State, and Zip Code +4		
	5829 Ponderosa Verde PL		LAS VEGAS NV 89131		
10	Location(s) of Nevada Business Operations:		City, State, and Zip Code +4		
	2125 Paradise Rd		LAS VEGAS NV 89109		
11	Location of Business Records:		City, State, and Zip Code +4		Telephone Number:
	5829 Ponderosa Verde PL		LAS VEGAS NV 89131		(702) 256 3130
12	List All Owners, Partners, Corporate Officers, Managers, Members, etc. (If individual ownership, list only one owner.) Attach Additional Sheets if Needed.				
	Last, First, MI:		Residence Address (Street)	SSN:	Date of Birth
	SMITH JAY A		5829 Ponderosa Verde PL	573-43-8367	10-16-70
	Title	Percent Owned	City, State, Zip +4	Residence Telephone	
	MANAGER	33.3	LAS VEGAS NV 89131	631-5440	
	Last, First, MI:		Residence Address (Street)	SSN:	Date of Birth
	JASON GATLEY				
	Title	Percent Owned	City, State, Zip +4	Residence Telephone	
	MANAGER	33.3	LAS VEGAS		
	Last, First, MI:		Residence Address (Street)	SSN:	Date of Birth
	CONNIE FERRERO				
	Title	Percent Owned	City, State, Zip +4	Residence Telephone	
	MANAGER	33.3	LAS VEGAS		
	Responsible Local Contact (Last, First, MI & Title):		Residence Address (Street), City, State, Zip +4	SSN:	Residence Telephone
13	Date Business Started in Nevada	Date Business Location Opened	Date First Worker Hired in Nevada	Date of First Nevada Payroll	Amount of First Nevada Payroll
	5-3-07				
14	PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS				
	<input checked="" type="checkbox"/> Mining	<input type="checkbox"/> Domestic	<input type="checkbox"/> Outside Dining	<input type="checkbox"/> Water Appropriation	<input type="checkbox"/> Adult Materials/Activity
	<input type="checkbox"/> Service	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Leased or Leasing Employees
	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail Sales—New	<input type="checkbox"/> Construction/Erection	<input type="checkbox"/> Leasing (Other than Employees)
	<input type="checkbox"/> Delivery	<input type="checkbox"/> Transportation	<input type="checkbox"/> Retail Sales—Used	<input type="checkbox"/> Telephone Solicitation	<input type="checkbox"/> Supply/Use Temporary Workers
	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Live Entertainment	<input type="checkbox"/> Environmental Discharge	<input type="checkbox"/> Regulated by Federal/State Permit Number
	<input type="checkbox"/> Amusement Machines	<input type="checkbox"/> Resident Agent	<input type="checkbox"/> Financial Institutions	<input type="checkbox"/> Mortgage Brokers	<input type="checkbox"/> Banker
	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
15	Describe in Detail the Nature of Your Business in Nevada. Include Product Sold, Labor Performed and/or Services Rendered. State the approximate percentage of sales or revenues resulting from each item. Example: Retail sale of major appliances to public 60%; repair 40%.				
	COSMOTOLOGY SPA + SALON, Body WRAPS, HEAT THERAPY, FACIALS NO product sells E014957dc076 checked TMS Parker				
16	If You Have Acquired A Nevada Business, Changed Ownership/Business Entity, or Have a New Federal Tax Number, Complete This Section:				
	Date Acquired/Changed:	Acquired/Changed by:		Portion Acquired/Changed:	
		<input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Other		<input type="checkbox"/> In Whole <input type="checkbox"/> In Part	
	Name(s) of Previous Owner(s)		Previous Owner(s) Business Name		
			MAR 27 2007		
	Address (Street)		City	State	Zip Code +4
	Enter Your Previous Nevada Sales/Use Tax Permit Number, if applicable:		Enter Previous Owner(s) ESD Account Number:		
17	I CERTIFY THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. **Signatures must be original and that of a responsible party. If a general partnership or joint venture, more than one signature is required. Legal signatures include: sole proprietor-owner, corporate officer, and managing member.				
	**Signature Responsible Party / Original		Print Name And Title	Date	
			JAY Smith (MANAGER)	3-27-07	
	**Signature Responsible Party / Original		Print Name And Title	Date	

ORIGINAL SIGNATURES REQUIRED BY AGENCIES—KEEP COPY FOR YOUR RECORDS

APP-01.00 Rev 02-17-05



Date: \_\_\_\_\_

Time: \_\_\_\_\_

# **Tranquility Spa LLC.**

## **Selection of services**

### **Relaxation session**

Signature \_\_\_\_\_ \$80.00 fee

**This 50 minute session brings complete mind and body relief from the daily grind. The moment you enter the comfort of your private treatment room all stress and worry will disappear.**

**You will hear soothing music, encounter pleasant company, engage in intriguing conversation and enjoy the most relaxing body rub ever experienced. Relaxation sessions are not performed by massage therapists. They have no training in massage. The Relaxation session is entertainment and relaxation only. The women performing this session make no claim of giving a massage. (Please note that this is not a massage and does not provide the therapeutic health benefits.) Regardless of which service you choose, you are entitled to full use of all of the facilities Tranquility Spa has to offer. Our goal is your complete satisfaction and enjoyment. If you are dissatisfied, or have experienced anything inappropriate, please speak with our manager immediately.**

**Thank you for your continued patronage.**

**Sincerely,  
Tranquility Spa**

Main Office:  
STATE OF NEVADA  
BOARD OF COSMETOLOGY  
1785 E. Sahara Avenue, Suite 255  
Las Vegas, Nevada 89104  
(702) 486-6542

Branch Office:  
STATE OF NEVADA  
BOARD OF COSMETOLOGY  
4600 Kietzke Lane, Building I, Suite 200  
Reno, Nevada 89502  
(775) 688-1442

## REPORT OF ESTABLISHMENT

Establishment: TRANQUILITY SPA Date: 5-29-07  
Address: 2123 PARADISE AVE SKINRAIT-4 City: LUN  
Owner: TRANQUILITY SPA, LLC  
Cosmetologist in Charge: NP CONNIE SO FERRERO P.N. No. 16003  
Establishment No. S- 10754 Posted: Yes ☐ No ☐ Year: 07/09 Services: \_\_\_\_\_

Condition of:	R.N. No.	Name	Violation
1. Floors	S	NP 16003 CONNIE SO FERRERO	05/07
2. Walls	S	SAME NAME CONNIE SO FERRERO	
3. Ceiling	S		
4. Furniture	S		
5. Shampoo bowls/hair in drains	N/A		
6. Rollabouts/trays	N/A		
7. Manicure tables/work stations	N/A	SS# 634-70-2595	
8. Instruments	S	MI YOUNG KROEGER T632-KH2	
9. Brushes/combs	N/A	DRIVER'S LIC VIRGINIA BD 2-20-61	
10. Restrooms	REPAIR WATER IN 1 OF RESTROOMS		
11. Dispensary sink installed	S	③ UNLICENSED LADIES #610414	
12. Disinfectant/sanitiser	Dry: Y/N	IN THE SALON (MEDICAL CAB)	
13. Make-up counter/sink counter	REMOVAL OF COSMETICS	STATES SHE IS THE CLEANING LADY	
14. Ventilation	Y/N	CHD, VAN CHI (PERM. REG. CARD)	
15. Towels/sheet scrubs	ON	BD 1-30-70	
16. Closed cabinets for clean towels	ON	A2 DRIVER'S LIC D03644.586	
17. Soiled towel/tissue receptacle	ON	BERGER, CHUNG YOUNG	
18. Fire retardant container(s)	Y/N	BD 4-25-86 SS# 559-58-3579	
19. Closed waste receptacle(s)	ON	LUN 89117	
20. Sealable containers for disposable	NA Sharp: Y/N	9305 W. DARWELL DR.	
21. Disposable cups	ON	256-4572(H)	
22. Containers labeled	Y/N	(5) COMPLIANCE TO REPAIR WATER (HOT)	
23. License current	Y/N		
24. Personnel licenses properly posted	ON		
25. Rules/inspection sheet posted	Y/N		

Remarks: ADS FOR FOOT & HAND & SOLO, BODY WRAPS CAN NOT  
BE DONE IN THE SALON. MUST NOT USE A STRESS RELIEF CHAIR  
IN THE SALON. MUST CEASE & DESIST ANY DEEP MASSAGE &  
THE SCOPE OF PRACTICE IS DETAILED IN NRS 644.0205  
AND IT WAS EXPLAINED TO THE MANAGER JAY SMITH.  
SALON APPEARS TO BE A LIVING QUARTERS WITH FULL  
REFRIGERATOR & BED, WITH A FULL COUCH ABOUT 8 FT. - SALON  
MUST NOT BE OPENED IF NO LICENSEE ARE PRESENT.  
NRS 644.0205 & NRS 644.430.2 ARE CITED

Signature of Cosmetologist in Charge  
JAY SMITH SIGNATURE

Signature of Inspector  
Dannia Curtis

fax #  
464-5754  
Jim Ricket

**LAS VEGAS METROPOLITAN POLICE DEPARTMENT****MEMORANDUM**

**DATE** : July 11, 2007  
**TO** : Jim Rickett, City of Las Vegas Business License  
**SUBJECT** : Enforcement Activity at Tranquility Spa, 2123 Paradise Rd

Mr. Rickett,

On July 10, 2007 at approximately 12:30 pm Vice Detectives of the Las Vegas Metropolitan Police Department entered the location of 2123 Paradise, Tranquility Spa reference complaints of prostitution. Detectives of the Special Investigations Section were also on standby reference the same complaints and additional complaints of this business performing massage.

The undercover Vice officer went into the business asking for a massage, for which he paid \$100.00. He was taken to a room with a massage table and told to undress. During the massage an offer of a sexual nature was broached by the attendant to the UC officer. After an agreed amount of money was exchanged a bust signal was given and additional detectives entered the building.

When the additional detectives started entering one of the owners, Jason Gatley, got in his vehicle and attempted to leave but he was stopped. Mr. Gatley and another owner, Connie Ferrero, were both on property when the illegal massage and the offer of prostitution was performed. In the business was also a list of services which could be bought by clients. Some of these services were full body massage, foot reflexology, and body wraps. These services would require a Massage Establishment license, which the owners do not have. Additionally no one including the women giving the message to the undercover officer was licenced as a Massage Therapist. The women giving the message does not hold any kind of license, massage or cosmetology, to perform any services.

Mr. Gatley and Ms. Ferrero were interviewed asking why they were allowing massage to be performed at their business. They both answered they don't know what goes on behind the door. Ms. Ferrero was identified as the individual whom the UC officer spoke with first to obtain the massage and pay for the service. Both Mr. Gatley and Ms. Ferrero were issued citations for operating a massage establishment without a license.

I asked Ms. Ferrero why there were massage tables in every room. She told me the tables were used for body wraps, specifically cellulite and salt glows. I informed her that her cosmetology license did not allow her to perform those types of wraps. She was adamant she was told by someone from the cosmetology board she could administer these types of body wraps. Ferrero further told me she was performing facials. I noticed there were no sinks or warming devices for towels in the rooms. Ms. Ferrero showed me the warming device she uses to warm towels. It was a rice cooker in the literal sense which did not look very sanitary.

In summary this Cosmetology business was not operating within the scope of their license. Both owners were issued citations for operating a massage business without a license. One employee was arrested and booked for the following charges: (1) Solicitation for the purpose of Prostitution, (2) Doing massage with out a business license, (3) Obscene touching of the genitals, (4) Obscene exposure of the genitals. When Ms. Ferrero was questioned to what position this employee was hired for she said for facials. I questioned Ferrero asking if the employee was licensed, she said no. The employee according to Ferrero was studying to get her esthiology license.

Should you need any additional information please do not hesitate to contact me.

Respectfully,



Toni Weeks, Detective  
Special Investigation Section

**Dodgers**

*I find it hard to tell you  
I find it hard to take  
When people run in circles  
It's a very, very Mad World.  
-Gary Jules*

## One Dollar Tips...No Guarantees At All!

Many people believe cabbies are making tons of cash from tips and that night drivers are making even more. Let me clarify a few things first; Tips are received from the passenger and given to the taxi driver. Now here's where the confusion comes into play, Side Money is not the same as tip money. Of course you call all the money not turned into the company your side money, and money you obtain doing other services is also called side money. Whereas, drivers call Strip Club and Massage Parlor runs kick-downs or kick-backs. Two different things.

So let's take a good look at the actual tip and we'll use a magic number of 24 rides per your shift (day or night) if you will. At \$1.00 dollar a ride you made \$24.00 worth of tips. That's twenty four dollars you take home in your pocket. Doesn't sound like a whole lot of money to me, but if you work a 5 day week that comes to \$120.00 besides your daily income or bi-weekly paycheck.

Different companies make different amounts of tips, it's true and here's why. Let's say you drive for Deluxe Cab over in Green Valley/Henderson and your magic number of rides is 12. That'll come to \$12.00 tips for your shift, half the amount for half the rides, Yep that's \$12.00 Dollars! This also applies to A-Cab and North Las Vegas Cab.

Now I know there are some funky monkeys who sit on Boards or behind a desk and have heard differently about the amount of money given

to taxi-drivers, hold on to your wallets! Would you believe some tips are as little as a nickel? It's even more shocking that you might receive a nickel for more than one or two rides per day. So lets add that up with the magic number of 24 now and Holy Guacamole that's a whopping \$1.20 in tips for the day!

Sounds far fetched? This is a true statement. So true in fact that you'll hear this from many cabbies every single day and it doesn't stop there. Cabbies will tell their passengers how cheap the previous tourist was. Why they do this is not so obvious. There is nothing in the world more frustrating than a nickel tip and if you just dropped off a passenger and super doorman stuffs a stiff in the cab. Well there is a good chance that the cabby is still fuming at the insulting tip of a nickel and the new stiff will pick up the bad vibe inside the cab and ask what's the matter. Other times drivers will just say it like this, "That a\*\*--wipe just tipped me a freaking nickel so don't even think of doing the same." Leaving the passenger scared enough into tipping a dollar. Hershey squirted shorts will get the driver a \$5.00 tip (that's a joke).

That's one scenario, but here's one that's even truer. My cab hailing sister Anna was waiting at the Boulder Station cabstand when a sedan pulled in to drop off a fare and walked right into a flying nickel. The driver had tossed the nickel at the passenger for leaving him a nickel tip which hit him on the back. He turned around and cussed at the cab driver and Anna was caught right in the middle. They drove off and the cab driver said straight out to my sister, "Don't even think about giving me a nickel like that guy did."

Now my sister usually will tell the driver about me or ask if they've heard of me, but this time she didn't say a word and gladly gave the driver five bucks for a tip.

What's worse than a nickel tip? No tip, as this has become a regular occurrence although not an everyday one. Lines like, "Catch you later," or "I'll get you next time and double," are often spoken by the tight wadded tourist or CHEAP tourist if you will. You must remember, not everyone tips. People are like that. One time they will and the next time they won't.

So remember readers of The Cab Files, not everyone of us cabbies are making \$210.00 dollars a day in tips. If you want to be realistic though, try \$20.00-\$60.00 on a good day, anything more than that is a Bonus!

## The Ugly Cucumber in Trouble

Here's the email from El Pepino's wife Ann: Dear Franky Boy, what have you've done? After you wrote about my husband in your column he has gone LOCO! First he's eating like a Puerco (pig) and now he wants to become King Of Aztlan. He said to me while we were at The Orleans buffet that the Southwest will be 85% percent Hispanic by the year 2010 and Las Vegas will be at the center of the Golden Promised Land.

I don't understand what's wrong with him, he was such a kind man when we married years ago. When he first started driving cab, he saw the chance to make serious money, but instead started his own taxi service called, Escondido (The Hidden) and worked out of Roberto's Taco shop. He would still be doing the illegal service if the Taxi Police didn't try to catch him a few years ago. Don't you remember he told you that story a couple of years ago? (June 2004 Trip Sheet.)

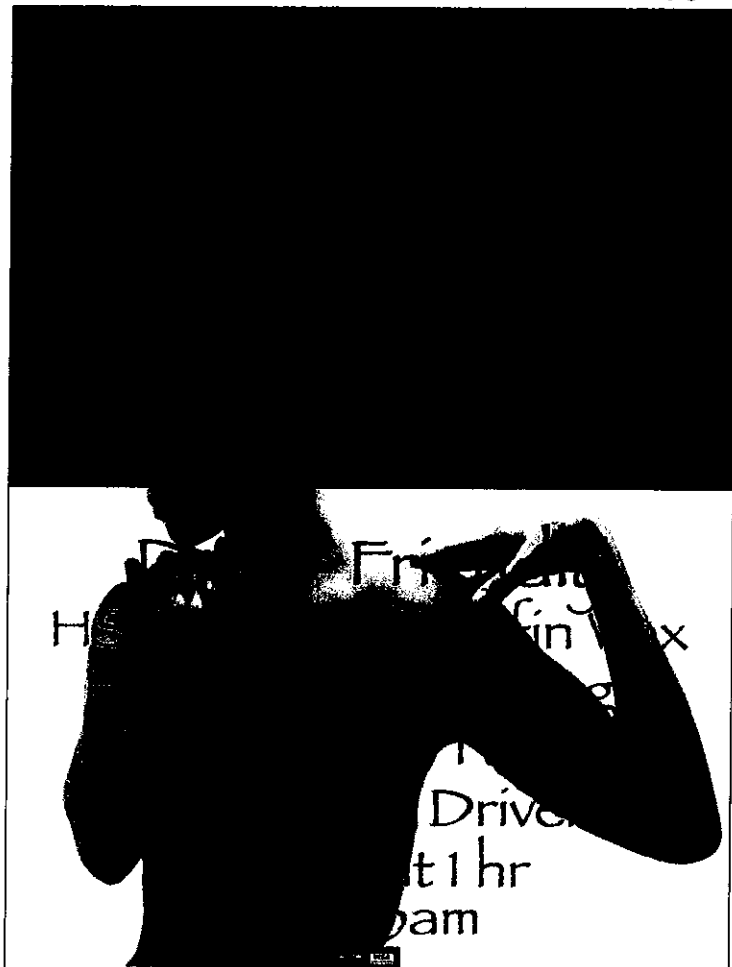
Can you please have a serious talk with him. I don't know what will happen if he wins those stupid food eating contests. Love Ann

(I'll do my best but you can't stop what's already in motion. Que será, será, Whatever will be will be.)

## One Year Later

It's been a year since my friend and Editor of *Trip Sheet Magazine* Craig Harris died. I still think about him and the advice he gave me about many things. I miss him and I've really been wanting to go over to YCS and visit his memorial tree, but wonder if I'm allowed on the premises, hopefully Bill will okay my visit. Let me know.

**TSM**



08/29/2007





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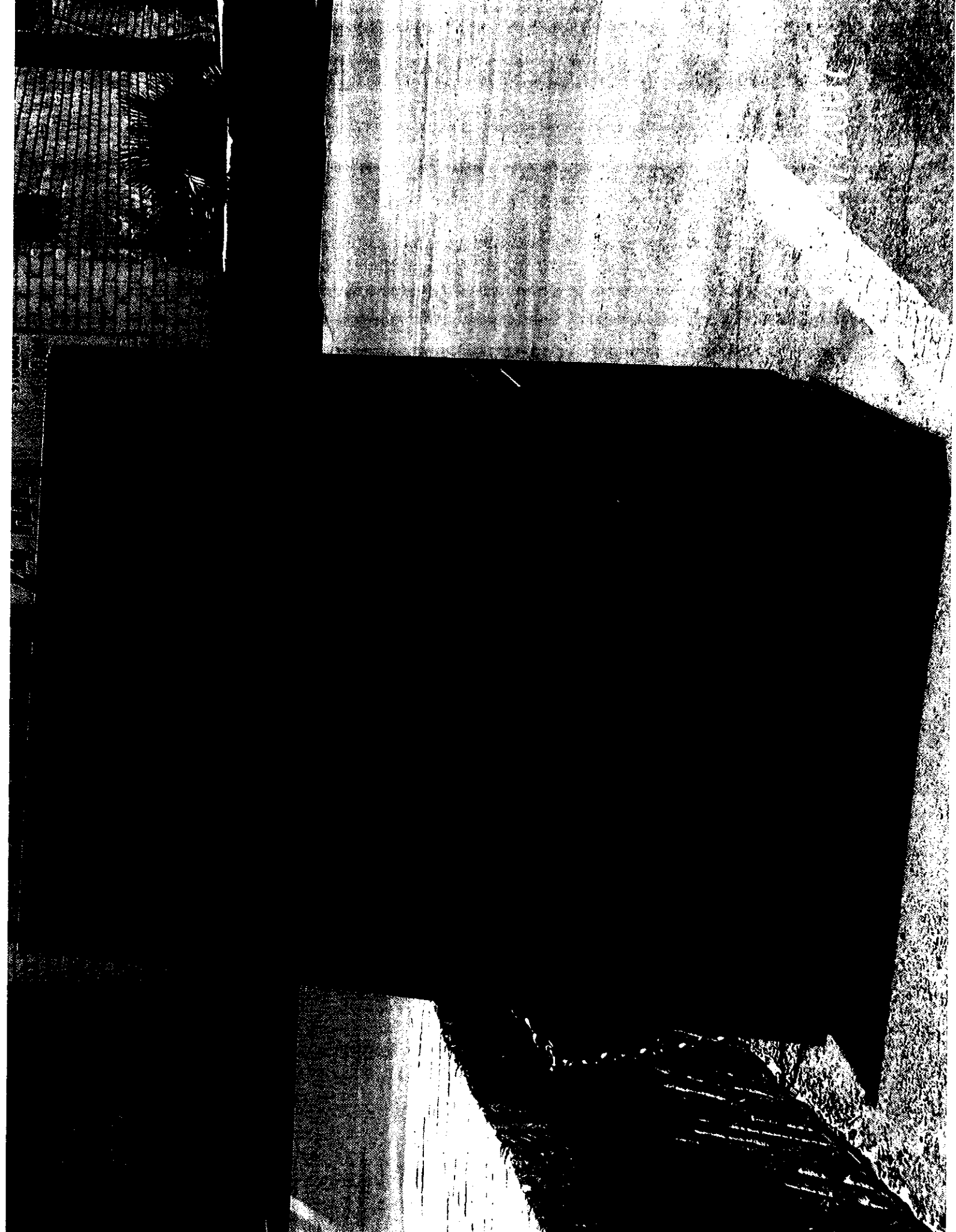
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